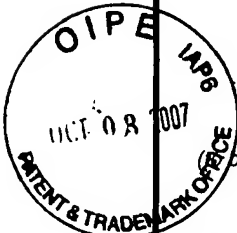
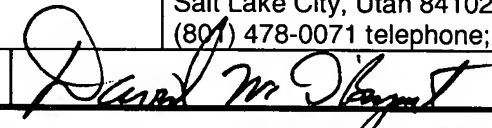
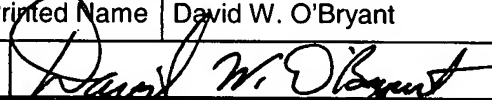


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|  <h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin: 0;">(To be used for all correspondence after initial filing)</p> | | Application Number | 10/798,240 |
| | | Filing Date | March 11, 2004 |
| | | First Named Inventor | Dale J. Carter |
| | | Group Art Unit | 2675 |
| | | Examiner Name | Tran, Henry N. |
| Total Number of Pages in this Submission (including this sheet) | 18 | Attorney Docket No. | 2635.CIRQ.NP |

| ENCLOSURES (check all that apply) | | | |
|--|---|---|---------------------|
| <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check for \$____ <input checked="" type="checkbox"/> Credit card authorization for \$ <u>120</u> <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input checked="" type="checkbox"/> Extension of Time Request <u>1</u> month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal | <input type="checkbox"/> Maintenance Fee Transmittal __ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other: | Remarks |
| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT | | | |
| Attorney for Applicant | David W. O'Bryant, Registration No. 39,793 MORRISS O'BRYANT COMPAGNI, P.C. 734 East 200 South Salt Lake City, Utah 84102 (801) 478-0071 telephone; (801) 478-0076 facsimile | | |
| Signature |  | Date | <u>Oct. 1, 2007</u> |
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| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | |
| Typed or Printed Name | David W. O'Bryant | | |
| Signature |  | Date | <u>Oct. 1, 2007</u> |